

Medical Facilities Licensing | Licensing Division P.O. Box 30205, Lansing, MI 48909 Telephone: 517- 284-8599 CRA-Applications@Michigan.gov

DISCLOSURE 5 - TAX & TAX COMPLIANCE

Sole Proprietor Name			Phone No.		
(1) TAXING AGENCIES List all federal, state, local, a Add additional pages if neces		which the sole proprieto	or was subject to taxati	ion during the last year.	
Taxing Agency		(E.g., Fed	Type of Tax (E.g., Federal income tax, state income tax, sales tax)		
2) TAX COMPLIANCE Has the sole proprietor ever been served with, or had filed against it, a complaint or other notice regarding the delinquent payment of any tax required under federal, state, local, or foreign jurisdictions? Yes No If you answered yes, provide the requested information for each delinquent tax payment and provide all applicable required supporting documents (e.g., copy of notice of tax liability due). Add additional pages if necessary.					
Taxing Agency	Type of Tax	Tax Year	Amount	Disposition	

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